

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
9535 E. DOUBLETREE RANCH ROAD, SUITE 100, SCOTTSDALE, AZ 85258  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Jan 22, 2018

Case Number: 10-53

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Christi M. Innocenti, D.V.M.  
Premise Name: NOVAK ANIMAL CARE CENTER  
Premise Address: 332 LONDON BRIDGE RD.  
City: LAKE HAVASU CITY State: AZ Zip Code: 86403  
Telephone: 928-855-0588

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Robert & Suzanne Bishop  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

RECEIVED

JAN 23 2018

BY:

**C. PATIENT INFORMATION (1):**

Name: Sophie  
Breed/Species: Yorkie  
Age: 8/21/11 (6yrs) Sex: F Color: Party color silver/Blk/white

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Christi M. Innocenti  
332 London Bridge Rd.  
Lake Havasu City, AZ 86403

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Robert Bishop  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Robert K. Bishop

Date: 1-16-18

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

*Please see attachment. Dated 1-16-18.*

*Please also see attachment, Proposed treatment plan dated: 12-5-17.*

## **Suzanne Bishop**

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**To:** Suzanne Bishop [REDACTED]  
**Subject:** Arizona State Veterinary Medical Examining Board - Complaint Investigation Form -  
Novak Animal Care Center - Christi M. Innocenti, D.V.M.

To whom this may concern.

We take our three small Yorkie's into Novak Animal Care Center where they have all been cared for the past many years.

Our last visit on 12-5-17 Sophie was scheduled to get her teeth cleaned on 1-4-18.

I gave Sophie an bath and brushed her teeth and looked at them carefully, she didn't seem to have any loose teeth and nothing that looked infected to me.

Sophie our 6lb - 6 year old Yorkie was scheduled for her teeth cleaned on 1-4-18 and by looking at the paperwork 3 extractions according to the Treatment plan provided to us.

I got a call from Christi Innocenti after she finished the procedure on the right side of her mouth saying that she removed 14 teeth. I was extremely upset, I told her she was not authorized to remove 14 teeth, I was not understanding much of what she was telling me. She said they were going to continue on the left side. I asked her to let me know how things looked before taking out other teeth. About 1 ½ hours had passed and I finally called the vet's office. Dr. Innocenti got on the phone and told me she took out 10 more teeth. I was so upset, I told the doctor she was not authorized to do this. I was so upset I had to put my Husband on the phone. He spoke with her for about 30 minutes and also told her she was not authorized to remove 24 teeth from our pet without consent.

To date, 1-16-18 - Sophie just finished her Antibiotics, she is having a tough time! She opens and closes her mouth and shakes her head a lot. She will have to be on a soft diet the rest of her life. We have two other animals that we cannot give bones to anymore.

We are very angry this has happened and think this vet should have consulted us before doing this.

The invoice we received to pay when we picked Sophie up, did not have the correct information on it as to how many teeth were removed.

We have a three week checkup scheduled with another Vet in town. They said they will have to give her a mild sedative to look in her mouth.

Kindest Regards,  
Suzanne K. Bishop


[REDACTED]

February 2, 2018

RE: "Sophie" Bishop 18-53

Dear Members of the Arizona Veterinary Medical Examining Board:

This narrative account is being written regarding the most recent interactions with Mr. and Mrs. Bishop and their 6 ½ year old, FS Yorkie, "Sophie". On 12/5/17, I saw "Sophie" on a vaccination appointment. She was doing well per owners, with no apparent health concerns. On her exam that day, it was noted that "Sophie" had Stage 3 /4 periodontal disease, with some loose, abscessed visible incisors (#101, #102) and very recessed gums of #104 and #204. "Sophie" was very anxious on exam and moving around quite a bit making it more difficult to look at her mouth. I expressed to the owners that "Sophie" does have advanced periodontal disease with some visible concerns and abscessed teeth. I discussed with the owners also at that time that during a dental procedure where a pet is anesthetized a more complete dental exam would be able to be performed, including dental x-rays. I explained to the owner that often there can be much more oral pathology that may be occurring with respect to the teeth, and often there may be concerns that we may find on dental x-ray of pathology occurring above and below the gum line that is not appreciated on an awake patient. I discussed with the owners that the teeth that I extract are teeth that are unhealthy for a pet to have in its mouth as they are a source of pain and infection. I discussed with the owners that abscessed teeth, teeth with mobility and severe gum recession and deep pockets are unhealthy teeth and are teeth that are extracted in our patients. An estimate was prepared for "Sophie's" dental procedure with the extractions listed that I could appreciate and gingival flaps and an antibiotic that would be sent home with "Sophie" post-dental. It was also discussed with the owners that this was only an estimate, and that if there were further concerns found with "Sophie" while she was anesthetized and there were further extractions, this would be in addition to the estimate. The vaccinations were given to "Sophie" after the conclusion of her exam and discussion with "Sophie's" owners, and Becky, my veterinary assistant who was with me in the room during "Sophie's" exam went over the estimate with "Sophie's" owners. Mrs. Bishop told Becky that the estimate was absurd and ridiculous and proceeded to go up front to pay her bill, which would have also had a summary on her invoice explaining Stage 3 periodontal disease. When Becky had told me what Mrs. Bishop's comment was regarding the estimate, it did not

Received
FEB 13 2018
By: 

surprise me at all, as Mrs. Bishop has always made comments about cost of services and been a bit difficult.

On 12/6/17 Mrs. Bishop called the office and spoke with Brittany, one of our client service receptionists. She told Brittany that her dog "Sophie" had abscessed teeth and needed to get in immediately for a dental. A dental was scheduled for "Sophie" on our next available appointment of January 4<sup>th</sup>. Brittany came back into the treatment room to let me know that she had called and that she had demanded to get her dog in for a dental and that my first available appointment was January 4<sup>th</sup>. Brittany also stated that Mrs. Bishop was not happy about the January 4<sup>th</sup> appointment, and that if her dog died from abscessed teeth it would be our fault. I looked at my appointment schedule and agreed with Brittany that my first available dental appointment was January 4<sup>th</sup> and that we would call Mrs. Bishop if I had any cancellations to get her in sooner. I felt that my next available appointment was appropriate and not unreasonable as "Sophie" had come in an apparently healthy dog with no concerns per owner and did not come in for an oral problem or anorexia caused by advanced dental disease that would have required more of an emergency dental. During "Sophie's" exam had I not shown and educated the owners my concerns with "Sophie's" advanced dental disease, the owners would have not known, as it was apparent that the owner was not doing any dental care at home like brushing "Sophie's" teeth.

On 12/21/17 I had called the Bishop's phone number and Mr. Bishop had answered. I discussed with Mr. Bishop that I had a cancellation on 12/28/17 and would he like to have "Sophie" come in that day for her dental. Mr. Bishop stated that his wife was out of town and that they would just keep her appointment for January 4<sup>th</sup> and declined the earlier appointment offered for "Sophie"

On 1/4/18 "Sophie" was admitted to a room with her owners the morning of her dental procedure. A release form and treatment plan, authorization and surgical release form was signed by Mrs. Bishop with Tabitha, my veterinary assistant that morning. Mrs. Bishop initially initialed both lines that authorizes extractions and does not authorize extractions. Tabitha explained to Mrs. Bishop that she signed both and clarified with Mrs. Bishop the difference and that "Sophie" was going to be having extractions that day as discussed by Dr. Innocenti. An "X" was marked through the line initialed with no extractions and an arrow was drawn to the line already initialed by Mrs. Bishop authorizing extractions and was witnessed and initialed by Tabitha with a notation that "owner authorized extractions and is aware not on dental est." Mrs. Bishop had also commented to Tabitha that "Sophie" had already lost one of her teeth that was a concern and was happy because that would be one less she would have to pay for. A pre-dental exam was performed on "Sophie" and she was still a bit anxious, but I was able to

look a little better today at her lower incisors. On pre-dental exam I could appreciate that her lower incisors were very loose with severe gum recession. I showed this to "Sophie's" owners and explained to them that her lower incisors did not look like healthy teeth and were mobile and were going to need to be extracted. I explained to the owners again that once we place "Sophie" under anesthesia we will be able to do a more complete oral exam with probing and dental x-rays and there may be concerns we find on an anesthetized oral exam and dental x-ray that we are unable to appreciate on an awake patient. I discussed with the owners that the teeth that I end up extracting in any patient are those teeth that are abscessed, severe gum recession, significant mobility and deep pockets during probing. I also explained to owners during her exam that morning that the estimate may vary based on pathology we may find during a dental which may necessitate further extractions that cannot be appreciated on an awake patient. I explained to owners that small breeds tend to have the most dental pathology and that extractions are not uncommon, especially with Stage 3 dental disease. The owners acknowledged that "Sophie" was going to be having extractions that day during her dental procedure. "Sophie" was admitted that morning for pre-operative lab work and prepared for her dental procedure. "Sophie" was placed under a general anesthesia for her dental procedure and routine scaling, polishing and fluoride treatment were performed. Dental X-rays were obtained and probing of all teeth were performed. "Sophie" had 11 incisors extracted, all which were M3 with severe gingival recession with purulent discharge along the gum line. She had lost 1 incisor (#101) as Mrs. Bishop had pointed out that morning of her exam. Both right and left maxillary canine teeth (#104 and #204) had severe gum recession and pocketing with mobility and were extracted. On the left maxilla, "Sophie" had 2 pre-molars (#205 and #207) that were mobile and 1 had a furcation, which were extracted. The 4<sup>th</sup> maxillary pre-molar (#208) had an apical root abscess with an F3 furcation with mobility and was extracted. #209 was so abscessed and mobile it fell out on its own and did not require any extraction. On the left mandible the 4<sup>th</sup> pre-molar (#308) had significant bone loss with pocketing and was extracted. On the right maxilla, the first 2 pre-molars (#105 and #106) had significant pocketing and mobility and were extracted. On the right mandible the 4<sup>th</sup> pre-molar (#408) had significant bone loss with pocketing and the 1<sup>st</sup> molar (#409) had significant pocketing with an apical root abscess, both of which were extracted. All extractions sites were closed appropriately with gingival flaps where needed with the appropriate suture material.

Our normal protocol on dental procedures is to first complete the left side and then complete the right side and then once the patient is in recovery and doing well at that time the owner is called with an update on how their pet's dental procedure went, extractions performed, release time and post-dental instructions for that evening, medications that will be sent home and when to start them and follow-up recommendations on when to come back post-dental procedure. As a courtesy I did call after the left side of "Sophie's" dental procedure was completed with her cleaning, dental x-rays and extractions. I gave Mrs. Bishop an update on how concerning "Sophie's" teeth were with respect to mobility, abscesses found, deep



pocketing, and the necessary extractions performed. I explained to Mrs. Bishop that we would be moving to the right side to perform and complete "Sophie's" dental procedure and that I would call her again after "Sophie" was out of anesthesia and in recovery and would give her a complete update at that time. Mrs. Bishop did not seem happy and stated, "I tried to get her in sooner for her dental procedure" and insinuated that had "Sophie's" dental procedure been performed sooner she would not have lost as many teeth. I discussed with Mrs. Bishop that 1 week would not have made a difference with "Sophie's" advanced, Stage 3 dental disease. I also explained to Mrs. Bishop that I did have a cancellation and discussed that with her husband and he declined a sooner appointment. I again told Mrs. Bishop that as soon as "Sophie" was out of her dental procedure and in recovery I would call her and give her a complete update on how everything went.

After "Sophie" was in recovery and doing well, I called "Sophie's" owners with an update. Mrs. Bishop answered the phone and I explained that "Sophie" was in recovery and doing well and explained the necessary extractions on the right side and that "Sophie" had lost a total of 22 teeth. I discussed the teeth that I had to extract with owner and that the majority of those teeth were incisors and that "Sophie" had a severely abscessed and infected molar that fell out on its own. Mrs. Bishop was so angry about "Sophie" losing teeth she had to put her husband on the phone and would not speak to me. I explained the entire dental procedure to Mr. Bishop and the extractions performed and the number of teeth lost. He stated to me that was ridiculous and unreasonable that she lost that many teeth at her age. I again explained to Mr. Bishop that the teeth that were extracted were very unhealthy teeth for "Sophie", as she had many teeth that were abscessed, mobile, deep pocketing and gum recession. I explained to Mr. Bishop that to leave teeth in this condition in her mouth would be unethical, negligent and very unhealthy for "Sophie" as they would be chronic sources of infection and pain for her. He asked how did this happen with "Sophie" and how could it have been prevented? I discussed with Mr. Bishop that with the Yorkie breed, genetically they seem to be extremely challenged with dental disease and they are one of the top breeds that I do see with advanced dental disease at a young age and that it is not uncommon for extractions to occur in this breed. I also discussed with Mr. Bishop that they need to be brushing her teeth everyday and doing good at home diligent dental care to try and minimize plaque and tartar build-up, which if allowed to advance will lead to teeth loss and extractions. I explained to Mr. Bishop also doing more frequent dentals with "Sophie" would have possibly decreased the number of extractions she had today, and her teeth and gums may have been healthier with more frequent dentals. I explained to Mr. Bishop that "Sophie's" last dental procedure was almost 3 years ago (3/8/15), which in my opinion is too long in this breed, especially if they are not doing dental home care like brushing her teeth daily. He admitted that they had not had "Sophie's" teeth cleaned on a regular schedule. I explained to Mr. Bishop in this breed it is not uncommon to need dental procedures every 6 months and at a minimum on a yearly schedule. A lot of that depends on how good a pet owner is with at home dental care. I explained to Mr. Bishop going forward to

try and help "Sophie's" remaining teeth that they need to be brushing her teeth daily. His response to that was "that would not be convenient to them and their lifestyle". I stated to Mr. Bishop that that was my recommendation and they can do at home what they are comfortable with with "Sophie" knowing the high probability of this breed with dental disease. Mr. Bishop stated to me they did not authorize 22 teeth to be pulled and that I should have called if I was going to pull that many teeth. I explained to Mr. Bishop that I did thoroughly explain to them on her vaccination visit on 12/5/17 and the morning of the dental that "Sophie" was going to be having extractions based on the exam I could perform with her awake and that there may be more teeth that we find when she is anesthetized and with dental x-ray that are unhealthy for her that require extraction. I explained to Mr. Bishop again that we had discussed all of this prior to "Sophie's" dental procedure and that both he and his wife had acknowledged that "Sophie" was going to need extractions and that we even discussed that there may be further extractions based on oral pathology we may find when she is anesthetized. I also explained to owner neither he or Mrs. Bishop had ever stated to call them if further extractions were to be performed. We had an understanding that morning with all of us in the room going over her pre-dental exam that "Sophie" would be having extractions on the teeth we could appreciate on her exam, and that there may be more teeth and oral pathology that we are unable to appreciate on an awake patient that may require extractions. I again explained to Mr. Bishop that I did a courtesy call after we had completed her left side of her dental procedure, including the extractions and that this is not customary. I discussed we normally give a pet owner a complete update after the entire procedure is completed and the pet is in recovery, unless it is stated otherwise. I discussed had he and his wife wanted me to call them with respect to further extractions I would have been happy to, but this was not indicated during her vaccination appointment or her admission the morning of her dental by either he or his wife and that there was a clear discussion in the room about "Sophie" and her needing extractions and that again we may not be able to appreciate all of the oral pathology occurring in an awake patient and can do a more complete exam, including dental x-rays on an anesthetized patient, which was acknowledge by both he and his wife in the room that morning. At that time, Mr. Bishop just wanted to know when to pick up "Sophie" and that they wanted copies of dental x-rays for a second opinion. I stated to Mr. Bishop that would be fine but discussed the clarity on a copy is not as clear or as good as the monitor. I recommended that we do a follow-up appointment with "Sophie" to see how her gums were healing in 2-3 weeks and that she should be on a soft food during this time, of which Mr. Bishop complained about having to have "Sophie" on a soft food and asked if this was going to be forever? I even discussed with Mr. Bishop that they could just use warm water and moisten her dry food to make it soft if this would be easier for them.

Mr. and Mrs. Bishop came a little after 5 pm to pick up "Sophie" and post-op dental care instructions were given to the owner. Also, medications were gone over by Tabitha as well as

food and water instructions for that evening. A dental kit was also sent home with the owner as well as copies of x-ray pictures printed out and a handout on proper teeth brushing in dogs.

On release and check out Martha, a client service receptionist who checked them out stated that only unhealthy teeth are removed on our patients and Mrs. Bishop then told Martha that she did not want to speak with her about this. They would be speaking with an attorney and making a Board complaint about the teeth pulled and that Dr. Innocenti should have not pulled so many teeth in such a young dog.

After reviewing the board complaint and the letter sent to the board by Mrs. Bishop, I would like to make a few comments. I would like to kindly state that I disagree and do not feel Mrs. Bishop is being truthful with the Board with Mrs. Bishop's statement about how she brushed "Sophie's" teeth after she gave her a bath and that nothing had looked infected to her. Had Mrs. Bishop truly brushed her teeth properly, she would have seen easily that "Sophie" had many loose teeth and that her gums were severely recessed around the incisor teeth and how they were visibly infected with heavy tartar build-up and purulent discharge around the gum line. I also do not feel that "Sophie" would have allowed any brushing of her teeth at that stage of advanced dental disease because she would have been painful. Mrs. Bishop also states that after I discussed with her the concerns and extractions performed on the left side that she asked me to call her before removing any more teeth. Had Mrs. Bishop stated to call her I would have been more than happy to, however, Mrs. Bishop never stated to call her before extracting any more teeth. I understand Mrs. Bishop may be upset that "Sophie" had lost teeth due to advanced periodontal disease, but that does not give her the right to be untruthful with the Board. I will re-iterate again that Mrs. Bishop never said to call her before doing any further extractions and I am upset that she would lie to the Board and make up this statement. I have been practicing for 18 ½ years at this time and if a pet owner has ever told me to call before doing any medical or surgical procedure or before performing any extractions, I always have and will always continue to do so. I would never extract teeth without the owner's understanding and consent during conversation. Mrs. Bishop also stated that she called our office after 1 ½ hours and that I removed a total of 24 teeth without consent. This too is Mrs. Bishop being untruthful with the Board. I was actually the one that called and spoke to Mrs. Bishop initially after "Sophie" was in recovery. Mrs. Bishop did not call as she claims she did. She also stated I did not have consent to remove 24 teeth. We had discussed on 2 separate occasions the oral exam that I was able to do with "Sophie" awake. On her first exam "Sophie" was very anxious and it was difficult to do an oral exam on an awake patient, but I did see that she did have some abscessed incisors and concerns with her maxillary canine teeth, which was clearly expressed on the exam during her vaccination. It was also stated that she would need extractions and that until we anesthetize "Sophie" there very well may be further oral pathology that we may not be able to appreciate on an awake patient and that there may be further extractions that cannot be anticipated on an awake patient. I prepared owner for

extractions and an estimate was given for what I could definitely observe at that time. On her pre-dental exam the morning of her dental, I could evaluate "Sophie's" lower incisors a bit better and could see that they also looked concerning and I discussed this with the owners and showed them her lower incisors which were mobile with severe gum recession. I discussed with the owners that I was concerned with these teeth as well, and that they would most likely be needing extracting. Not once in the room did either Mr. or Mrs. Bishop state to call them before doing any extractions. There was a clear understanding on 2 different appointments with "Sophie" that she had advanced periodontal disease and would be needing extractions, we would just not know exactly how many until we were able to complete her dental procedure, including dental x-rays, under anesthesia. Also, I would like to address the comment about the invoice not having the correct number of teeth removed. The reason that number varies from the medical records is that I do not charge for every single extraction performed if teeth fall out, or if there is little effort in extracting a tooth as a result of advanced dental disease. For example, on their invoice it stated 6 incisors extracted, when there were in the medical record 11 extracted. If it takes less than 2 minutes to extract 11 teeth with little effort, I do not feel it is appropriate to charge a client for every tooth extracted due to added expense, but also the little effort and minimal time that it took to perform the extraction. Most clients would be very appreciative of not having the added expense of every tooth extracted if the teeth extracted took little effort and minimal time to extract.

I would like to thank the Board members in advance for their time in reviewing all documentation regarding this case. Please let me know if you have any questions.

Professionally and Respectfully,



Christi M. Innocenti, DVM

Novak Animal Care Center

332 London Bridge Road

Lake Havasu City, AZ 86403

(928) 855-0588

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M.  
Adam Almaraz  
Christine Butkiewicz, D.V.M.  
Tamara Murphy

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Victoria Whitmore, Executive Director  
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18-53  
Complainant(s): Robert and Suzanne Bishop  
Respondent(s): Christina Innocenti, DVM (License: 3644)

**SUMMARY:**

Complaint Received at Board Office: 1/22/18  
Committee Discussion: 4/3/18  
Board IIR:

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow)

On January 4, 2018, "Sophie," a 6-year-old female Yorkshire terrier was presented to Respondent for a dental cleaning with extractions. The procedure was performed and 22 teeth were extracted.

Complainants contend Respondent was negligent in the care of their dog.

**Complainant was noticed and appeared.**  
**Respondent was noticed and appeared telephonically.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Robert and Suzanne Bishop*
- Respondent(s) narrative/medical record: *Christina Innocenti, DVM*
- Consulting veterinarian(s) narrative/medical record: *Carey Buchman, DVM*

**PROPOSED 'FINDINGS of FACT':**

1. On December 5, 2017, the dog was presented to Respondent for vaccines and exam. Upon exam, the dog had a weight = 6 pounds, a temperature = 101.7 degrees, a heart rate = 130bpm and a respiration rate = 120rpm. Respondent noted that the dog had stage 3/4 periodontal disease; loose, abscessed 101, 102 visible. The dog had very recessed gums of 104, and 204. The dog was anxious on exam and a more thorough exam could be performed if Complainants approve dental.

2. The dog was vaccinated. A dental was recommended and an estimate was prepared for Complainants. Respondent explained that there could be further dental concerns she could not appreciate on an awake patient, which may lead to further extractions. Complainants were not pleased with the estimate.

3. On December 6, 2017, Mrs. Bishop called and spoke to premise staff explaining that she needed to get the dog in immediately for a dental procedure because she had abscessed teeth. Staff relayed that the next available dental appointment was January 4, 2018 – Complainant was unhappy and replied that if the dog died from abscessed teeth it would be their fault.

4. On December 21, 2017, Respondent contacted Mr. Bishop to report there had been a cancellation and a dental appointment was available sooner than January 4, 2018. Mr. Bishop stated his wife was out of town therefore they would keep the previously scheduled appointment.

5. On January 4, 2018, the dog was presented to Respondent for a dental procedure. The dog was examined; she had a weight = 6 pounds, a temperature = 101.6 degrees, a heart rate = 140bpm and a respiration rate = 120rpm. Respondent noted that the dog was very excited on exam; had stage 3/4 periodontal disease with abscessed teeth. Complainants reported that the dog had lost tooth 101 – Respondent discussed with Complainants again, and showed them in exam room, that the dog had advanced periodontal disease and she would only extract teeth that were loose, abscessed or that had deep pockets or significant bone loss on radiographs. Complainants acknowledged this and were aware that any further extractions other than what was on the estimate were in addition to the estimate.

6. Pre-surgical blood work was performed and was within normal limits; an IV catheter was placed and Normosol fluids were started. The dog was pre-medicated with hydromorphone and acepromazine; induced with ketamine and valium, intubated and maintained on isoflurane and oxygen. Routine dental scaling, polishing and fluoride treatment was performed. Dental radiographs were obtained and dental probing was performed. The dog had 11 incisors extractioned, all of which were M3 with severe gingival recession with purulent discharge along the gum line. The dog had lost one incisor as Mrs. Bishop had reported. Both right and left maxillary canine teeth had severe gum recession and pocketing with mobility and were extracted. On the left maxilla, the dog had 2 pre-molars that were mobile and one had a furcation, which were extracted. The 4<sup>th</sup> maxillary premolar had an apical root abscess with an F3 furcation with mobility and was extracted. Tooth 209 was so abscessed and mobile it fell out on its own and did not require any extraction. On the left mandible the 4<sup>th</sup> premolar had

significant bone loss with pocketing and was extracted. On the right maxilla, the first 2 premolars had significant pocketing and mobility and were extracted. On the right mandible the 4<sup>th</sup> premolar had significant bone loss with pocketing and the 1<sup>st</sup> premolar had significant pocketing with an apical root abscess both of which were extracted. All extraction sites were closed appropriately with gingival flaps where needed with the appropriate suture material.

7. According to Respondent, after completing the left side of the dog's dental procedure, she contacted Mrs. Bishop. Respondent gave her an update on how concerning the dog's teeth were with respect to mobility, abscesses found, deep pocketing, and the necessary extractions performed. She explained that she would be moving to the right side to perform and complete the dog's dental procedure and that she would call again after the dog was out of anesthesia and in recovery. Mrs. Bishop was not happy and stated that she had tried to get the dog in sooner for the dental procedure. Respondent explained that one week sooner would not have made a difference with the dog's advanced dental disease. Additionally, she had offered an earlier appointment due to a cancellation which Mr. Bishop had declined.

8. After the procedure, Respondent contacted Complainants with an update. She discussed the extractions, radiographs, abscessed teeth, mobility, and pockets that were identified. Mrs. Bishop was so angry that the dog had lost 22 teeth that she put Mr. Bishop on the phone. Mr. Bishop felt it was unreasonable that the dog had lost that many teeth. Respondent explained that the teeth that were extracted were unhealthy teeth and not extracting them would be unethical and negligent. She further explained that the dog's breed was genetically prone to periodontal disease.

9. Complainants were upset that Respondent did not call if that amount of teeth required extracting. Respondent stated that she discussed this with them in the exam room prior to the dog's dental; there were teeth that they knew required extracting and that during the dental there could be more teeth that were unhealthy and needed to be removed. Out of courtesy, Respondent called when she completed one side of the dog's mouth to let them know how the dog was doing and the concerns with her teeth and extractions. Respondent stated that if Complainants had requested she call if further teeth required extraction, she would have, however this was not indicated. Complainants deny this; stated they requested to be called prior to further extractions.

10. Respondent further discussed rechecking the dog's mouth in 2 – 3 weeks and feeding soft food during this time. She also recommended brushing the dog's teeth to help minimize plaque from building up. Mr. Bishop stated that would be inconvenient with their lifestyle and wanted a copy of the dog's radiographs so they could obtain a second opinion. The dog was discharged later that day with Clavamox and tramadol.

11. On January 25, 2018, the dog was presented to Dr. Buchman at Animal Hospital of Havasu for a second opinion. According to Dr. Buchman, Complainants expressed concerns with the number of teeth extracted, if the dog would be able to eat dry food, the dog's pain level and the way the lip was getting caught on the lower canine. He performed an oral exam on a very willing calm dog and saw excellent healing of the extraction sites. They discussed periodontal disease in small breed dogs and that it was not unusual for that many extractions to be performed. Dr. Buchman explained that the ability to eat dry food and chew on toys should not

be affected. In response to concerns of the upper lip getting caught on the lower canine, it was mostly a cosmetic problem. He recommended a three to six month recheck to evaluate the oral cavity and possibly schedule a dental cleaning at that time.

**COMMITTEE DISCUSSION:**

The Committee discussed that pet dental care is a shared responsibility between the pet owner and the veterinarian. Small breeds, like Yorkshire Terriers are more susceptible to dental disease, loose teeth and teeth that need to come out. They have poor dental health; the ligaments and bone are not conducive to good oral health.

There was a phone call to Complainants but there is a discrepancy between Respondent and Complainants on what was said. It is not the practice of any veterinarian to leave behind diseased teeth or remove healthy teeth. It could be considered malpractice to leave diseased teeth in the mouth and each diseased tooth is painful. There is a correlation between cardiac disease and poor oral health as well as the bacteria from the mouth causing other issues with the kidneys and liver.

An animal's mouth cannot properly be evaluated until the pet is under anesthesia.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

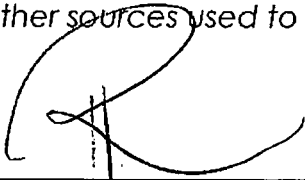
**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*



Tracy A. Riendeau, CVT  
Investigative Division